

ESSB 5406 - H COMM AMD

By Committee on Health Care & Wellness

1 Strike everything after the enacting clause and insert the
2 following:

3
4 "Sec. 1. RCW 48.43.018 and 2007 c 80 s 13 and 2007 c 259 s 37 are
5 each reenacted and amended to read as follows:

6 (1) Except as provided in (a) through (~~(d)~~) (g) of this
7 subsection, a health carrier may require any person applying for an
8 individual health benefit plan and the health care authority shall
9 require any person applying for nonsubsidized enrollment in the basic
10 health plan to complete the standard health questionnaire designated
11 under chapter 48.41 RCW.

12 (a) If a person is seeking an individual health benefit plan or
13 enrollment in the basic health plan as a nonsubsidized enrollee due to
14 his or her change of residence from one geographic area in Washington
15 state to another geographic area in Washington state where his or her
16 current health plan is not offered, completion of the standard health
17 questionnaire shall not be a condition of coverage if application for
18 coverage is made within ninety days of relocation.

19 (b) If a person is seeking an individual health benefit plan or
20 enrollment in the basic health plan as a nonsubsidized enrollee:

21 (i) Because a health care provider with whom he or she has an
22 established care relationship and from whom he or she has received
23 treatment within the past twelve months is no longer part of the
24 carrier's provider network under his or her existing Washington
25 individual health benefit plan; and

26 (ii) His or her health care provider is part of another carrier's
27 or a basic health plan managed care system's provider network; and

1 (iii) Application for a health benefit plan under that carrier's
2 provider network individual coverage or for basic health plan
3 nonsubsidized enrollment is made within ninety days of his or her
4 provider leaving the previous carrier's provider network; then
5 completion of the standard health questionnaire shall not be a
6 condition of coverage.

7 (c) If a person is seeking an individual health benefit plan or
8 enrollment in the basic health plan as a nonsubsidized enrollee due to
9 his or her having exhausted continuation coverage provided under 29
10 U.S.C. Sec. 1161 et seq., completion of the standard health
11 questionnaire shall not be a condition of coverage if application for
12 coverage is made within ninety days of exhaustion of continuation
13 coverage. A health carrier or the health care authority as
14 administrator of basic health plan nonsubsidized coverage shall accept
15 an application without a standard health questionnaire from a person
16 currently covered by such continuation coverage if application is made
17 within ninety days prior to the date the continuation coverage would
18 be exhausted and the effective date of the individual coverage applied
19 for is the date the continuation coverage would be exhausted, or
20 within ninety days thereafter.

21 ~~(d) ((If a person is seeking an individual health benefit plan or~~
22 ~~enrollment in the basic health plan as a nonsubsidized enrollee~~
23 ~~following disenrollment from a health plan that is exempt from~~
24 ~~continuation coverage provided under 29 U.S.C. Sec. 1161 et seq.,~~
25 ~~completion of the standard health questionnaire shall not be a~~
26 ~~condition of coverage if: (i) The person had at least twenty-four~~
27 ~~months of continuous group coverage including church plans immediately~~
28 ~~prior to disenrollment; (ii) application is made no more than ninety~~
29 ~~days prior to the date of disenrollment; and (iii) the effective date~~
30 ~~of the individual coverage applied for is the date of disenrollment,~~
31 ~~or within ninety days thereafter.~~

32 —(f)) If a person is seeking an individual health benefit plan or
33 enrollment in the basic health plan as a nonsubsidized enrollee due to
34 a change in employment status that would qualify him or her to

1 purchase continuation coverage provided under 29 U.S.C. Sec. 1161 et
2 seq., but the person's employer is exempt under federal law from the
3 requirement to offer such coverage, completion of the standard health
4 questionnaire shall not be a condition of coverage if: (i)
5 Application for coverage is made within ninety days of a qualifying
6 event as defined in 29 U.S.C. Sec. 1163; and (ii) the person had at
7 least twenty-four months of continuous group coverage immediately
8 prior to the qualifying event. A health carrier shall accept an
9 application without a standard health questionnaire from a person with
10 at least twenty-four months of continuous group coverage if
11 application is made no more than ninety days prior to the date of a
12 qualifying event and the effective date of the individual coverage
13 applied for is the date of the qualifying event, or within ninety days
14 thereafter.

15 (e) If a person is seeking an individual health benefit plan,
16 completion of the standard health questionnaire shall not be a
17 condition of coverage if: (i) The person had at least twenty-four
18 months of continuous basic health plan coverage under chapter 70.47
19 RCW immediately prior to disenrollment; and (ii) application for
20 coverage is made within ninety days of disenrollment from the basic
21 health plan. A health carrier shall accept an application without a
22 standard health questionnaire from a person with at least twenty-four
23 months of continuous basic health plan coverage if application is made
24 no more than ninety days prior to the date of disenrollment and the
25 effective date of the individual coverage applied for is the date of
26 disenrollment, or within ninety days thereafter.

27 (f) If a person is seeking an individual health benefit plan due to a
28 change in employment status that would qualify him or her to purchase
29 continuation coverage provided under 29 U.S.C. Sec. 1161 et seq.,
30 completion of the standard health questionnaire is not a condition of
31 coverage if: (i) Application for coverage is made within ninety days
32 of a qualifying event as defined in 29 U.S.C. Sec. 1163; and (ii) the
33 person had at least twenty-four months of continuous group coverage
34 immediately prior to the qualifying event. A health carrier shall

1 accept an application without a standard health questionnaire from a
2 person with at least twenty-four months of continuous group coverage
3 if application is made no more than ninety days prior to the date of a
4 qualifying event and the effective date of the individual coverage
5 applied for is the date of the qualifying event, or within ninety days
6 thereafter.

7 (g) If a person is seeking an individual health benefit plan due
8 to their terminating continuation coverage under 29 U.S.C. Sec. 1161
9 et seq., completion of the standard health questionnaire shall not be
10 a condition of coverage if: (i) Application for coverage is made
11 within ninety days of terminating the continuation coverage; and (ii)
12 the person had at least twenty-four months of continuous group
13 coverage immediately prior to the termination. A health carrier shall
14 accept an application without a standard health questionnaire from a
15 person with at least twenty-four months of continuous group coverage
16 if application is made no more than ninety days prior to the date of
17 termination of the continuation coverage and the effective date of the
18 individual coverage applied for is the date the continuation coverage
19 is terminated, or within ninety days thereafter.

20 (2) If, based upon the results of the standard health
21 questionnaire, the person qualifies for coverage under the Washington
22 state health insurance pool, the following shall apply:

23 (a) The carrier may decide not to accept the person's application
24 for enrollment in its individual health benefit plan and the health
25 care authority, as administrator of basic health plan nonsubsidized
26 coverage, shall not accept the person's application for enrollment as
27 a nonsubsidized enrollee; and

28 (b) Within fifteen business days of receipt of a completed
29 application, the carrier or the health care authority as administrator
30 of basic health plan nonsubsidized coverage shall provide written
31 notice of the decision not to accept the person's application for
32 enrollment to both the person and the administrator of the Washington
33 state health insurance pool. The notice to the person shall state
34 that the person is eligible for health insurance provided by the

1 Washington state health insurance pool, and shall include information
2 about the Washington state health insurance pool and an application
3 for such coverage. If the carrier or the health care authority as
4 administrator of basic health plan nonsubsidized coverage does not
5 provide or postmark such notice within fifteen business days, the
6 application is deemed approved.

7 (3) If the person applying for an individual health benefit plan:
8 (a) Does not qualify for coverage under the Washington state health
9 insurance pool based upon the results of the standard health
10 questionnaire; (b) does qualify for coverage under the Washington
11 state health insurance pool based upon the results of the standard
12 health questionnaire and the carrier elects to accept the person for
13 enrollment; or (c) is not required to complete the standard health
14 questionnaire designated under this chapter under subsection (1)(a) or
15 (b) of this section, the carrier or the health care authority as
16 administrator of basic health plan nonsubsidized coverage, whichever
17 entity administered the standard health questionnaire, shall accept
18 the person for enrollment if he or she resides within the carrier's or
19 the basic health plan's service area and provide or assure the
20 provision of all covered services regardless of age, sex, family
21 structure, ethnicity, race, health condition, geographic location,
22 employment status, socioeconomic status, other condition or situation,
23 or the provisions of RCW 49.60.174(2). The commissioner may grant a
24 temporary exemption from this subsection if, upon application by a
25 health carrier, the commissioner finds that the clinical, financial,
26 or administrative capacity to serve existing enrollees will be
27 impaired if a health carrier is required to continue enrollment of
28 additional eligible individuals."

EFFECT: Removes language that allows individuals to avoid
taking the Standard Health Questionnaire retroactively to
September 1, 2008. Deletes the emergency clause.

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